

**FINANCIAL DECLARATION FORM
STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS
OF PORTER COUNTY**

IN RE THE MARRIAGE OF:

Petitioner,

and

Cause No.: _____

Respondent

In accordance with Local Rule 18 of the Porter Superior Court and Indiana Trial Rules 26, 33, 34, 35 and 37, the undersigned, Petitioner or Respondent, hereby submits the following VERIFIED FINANCIAL DISCLOSURE STATEMENT:

FINANCIAL DECLARATION OF _____ DATED: _____

I. PRELIMINARY INFORMATION

Husband: _____

Wife: _____

Address: _____

Address: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Birth Date: _____

Birth Date: _____

Date of Marriage: _____

Date of Physical
Separation: _____

Date of Filing: _____

Children's Preliminary Information:

Name: _____ Age: _____ DOB: _____ SSN: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

Name: _____ Age: _____ DOB: _____ SSN: _____

II. HEALTH INSURANCE & EDUCATION INFORMATION

Please provide general health insurance information below.

Health Insurance Company Name & Address	
Names of persons covered under plan(s)	
Weekly cost of <u>total</u> health insurance premium	
Weekly cost of health insurance premium - <u>children only</u>	
Names of Children's Health Care Providers	
List any extraordinary health care concerns of any family member.	

Please provide general education information below.

Name of Child/Student	Name of School	Grade	Any educational concern? If so, please identify.

III. INCOME INFORMATION

A. Employment History

Please provide the following information for your **current employment**.

Employer's Name				
Employer's Address				
Employer's Telephone #				
Length of Employment				
Job Description				
Gross Income	<u> </u> Per week	<u> </u> Bi-weekly	<u> </u> Per month	<u> </u> Yearly
Net Income	<u> </u> Per week	<u> </u> Bi-weekly	<u> </u> Per month	<u> </u> Yearly

B. Employment History For Last Five (5) Years

Employer's Name	Dates of Employment	Compensation (per wk/mo/yr)

(Remainder of this page intentionally left blank. It may be used to list additional information.)

C. Income Summary

1. Gross Weekly Income from Salary and Wages

Include commissions, bonuses, allowances and overtime. *Note: If paid monthly, determine weekly income by dividing monthly income by 4.3.

\$

Pensions & Retirement

\$

Social Security

\$

Disability & Unemployment Insurance

\$

Public Assistance

(Welfare, AFDC Payments, etc.)

\$

Food Stamps

\$

Child Supports Received

(For any child or children not both of the parties to this marriage)

\$

Dividends and Interest

\$

Rents Received

\$

All Other Sources

(Specify: _____)

\$

Total Gross Weekly Income

\$

(Remainder of this page intentionally left blank. It may be used to list additional information.)

2. Itemized Weekly Deductions (from Gross Income)

State and Federal Income Taxes \$

Social Security and Medicare Taxes \$

Medical Insurance Coverage:

Health	<input type="checkbox"/>	\$	
Dental	<input type="checkbox"/>	\$	
Eye Care	<input type="checkbox"/>	\$	
Psychiatric	<input type="checkbox"/>	\$	

Union or Other Dues \$

Retirement:

Pension Fund:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
Profit Sharing:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
401-K:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
SEP:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
ESOP:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
IRA:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	
403-B:	Mandatory <input type="checkbox"/>	Optional <input type="checkbox"/>	\$	

Child Support Withheld From Pay \$
(NOT including this case)

Garnishments (itemize on separate sheet) \$

Credit Union Debts \$

Direct Withdrawals From Paychecks:

Car Payments	\$	
Life Insurance	\$	
Disability Insurance	\$	
Thrift Plans	\$	
Credit Union Savings	\$	
Bonds	\$	
Donations	\$	

Other (specify): _____ \$

Total Weekly Deductions \$

3. Weekly Disposable Income

(Subtract Section 1. Total Weekly Deductions
from Section 2. Total Weekly Gross Income)

\$

IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach an Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such a Worksheet within ten (10) days of the exchange of this Form.

IV. MONTHLY LIVING EXPENSES

House Expenses:

Rent (Mortgage)	\$
2nd Mortgage	\$
Line of Credit	\$
Gas/Electric	\$
Telephone	\$
Water	\$
Sewer	\$
Sanitation (Garbage)	\$
Cable	\$
Satellite	\$
Internet	\$
Taxes - Real Estate (if not incl. in mortgage pmt.)	\$
Insurance - Home (if not incl. in mortgage pmt.)	\$
Lawn Care/Snow Removal	\$

Groceries:

Food	\$
Toiletries	\$
Cleaning Products	\$
Paper Products	\$

Clothing:

Clothes	\$
Shoes	\$
Uniforms	\$

Health Care:

Health Insurance (not deducted from pay)	\$
Dental Insurance (not deducted from pay)	\$
Doctor Visits (not covered by insurance)	\$
Dental Visits (not covered by insurance)	\$
Prescription Pharmaceutical (not covered by insurance)	\$
OTC (over-the-counter) Medicine	\$
Glasses/Contact Lenses	\$
Other Health Care not covered by insurance (itemize):	
1.	\$
2.	\$

Car & Travel:

Car Payment	\$
Gasoline	\$
Oil/Maintenance	\$
Insurance (auto)	\$
Car Wash	\$
Tolls	\$
Train/Bus	\$
Parking Lot Fees	\$
License Plates	\$

Beauty Care:

Hair Dresser/Barber	\$
Cosmetics	\$

School Needs:

Lunches	\$
Books	\$
Tuition/Registration	\$
Uniforms	\$
School Supplies	\$
Extra-Curricular Activities	\$

Infant Care:

Diapers	\$
Formula/Baby Food	\$

Miscellaneous

Church Donations	\$
Charitable Donations	\$
Life Insurance	\$
Babysitter	\$
Newspapers & Magazines	\$
Cigarettes	\$
Dry Cleaning	\$
Entertainment	\$
Cell Phone	\$
Dues/Subscriptions	\$
Charge Cards/Credit Cards	\$
Other (specify):	
1.	\$
2.	\$

TOTAL MONTHLY LIVING EXPENSES:

AVERAGE WEEKLY EXPENSES:
(Monthly Living Expenses × 12, then ÷ 52)

V. PROVISIONAL ARREARAGE COMPUTATIONS

If you allege the existence of a child support, maintenance, or other arrearage, attach all records or other exhibits regarding the payment history and complete the child support arrearage.

You must attach a Child Support Guideline Worksheet to your Financial Declaration Form or one must be exchanged with the opposing party/counsel within ten (10) days of receipt of the other parties' Financial Declaration Form.

VI. PROPERTY ASSETS

All property is to be listed regardless of whether it is titled in your name only or jointly or, if the property you own is being held for you in the name of a third party.

A. Marital Residence:

Description	
Location/Address	
Date Acquired	
Titled	
Purchase Price	\$
Down Payment	\$
Source of down payment	
Current Indebtedness	\$
Monthly Payment	\$
Current Market Value	\$

(Remainder of this page intentionally left blank. It may be used to list additional information.)

B. Other Real Property: Complete a separate sheet with the following information for each separate piece of real estate.

Description	
Location/Address	
Date Acquired	
Titled	
Purchase Price	\$
Down Payment	\$
Source of down payment	
Current Indebtedness	\$
Monthly Payment	\$
Current Market Value	\$

C. Personal Property: Includes motor vehicles, boats, motorcycles, furnishings, household goods, jewelry, firearms, etc. Household furnishings and household goods such as pots and pans need not be itemized.

Description	Titled	Current Value	Indebtedness	Payment	Present User

VII. BANK ACCOUNTS

Name of Institution	Type of Account (Checking, Savings, CD's, etc.)	Owner	Account No.	Balance on Date of Filing

VIII. NON-RETIREMENT SECURITIES: Includes stocks, bonds, mutual funds, etc.




Name of Security	Type of Account (Money Market, Stocks, Bonds, Mutual Funds)	Owner	Account No.	Value on Date of Filing

IX. LIFE INSURANCE POLICIES: Includes whole life, variable life, annuities, term.
Attach additional page if necessary.

Name of Company:				
Name of Owner:				
Beneficiary	Policy No.	Face Value	Loan Amt.	Cash Value

Name of Company:				
Name of Owner:				
Beneficiary	Policy No.	Face Value	Loan Amt.	Cash Value



X. RETIREMENT ACCOUNTS: Includes Pensions, Profit Sharing, 401K, SEP, IRA, KEOGH, ESOP, etc. Attach separate sheets if necessary.

Name of Company:			
Name of Owner:			
Type of Plan	Account No.	Vested? (Y or N)	Value as of Date of Filing
			
Name of Company:			
Name of Owner:			
Type of Plan	Account No.	Vested? (Y or N)	Value as of Date of Filing
			
Name of Company:			
Name of Owner:			
Type of Plan	Account No.	Vested? (Y or N)	Value as of Date of Filing
			
Name of Company:			
Name of Owner:			
Type of Plan	Account No.	Vested? (Y or N)	Value as of Date of Filing

XI. OTHER PROFESSIONAL OR BUSINESS INTERESTS

Name of Business	Type of Business - Corporation Partnership, Sole Owner	% Owned	Estimated Value

XIII. RECAPITULATION: A summary of the marital estate is as follows:

ASSET:	In Name of Husband	In Name of Wife	Jointly Held	Total
Family Dwelling				
Other Real Estate				
Personal Property				
Bank Accounts				
Non-Retirement Securities				
Life Insurance Policies				
Retirement Accounts				
Other Professional/ Business Interests				
TOTAL ASSETS:				
				
LIABILITIES:				
General Creditors:				
1.				
2.				
3.				
4.				
5.				
6.				
Mortgage on Family Dwelling				
Mortgages on Other Real Estate				
Notes to Banks and Others				
Loans on Insurance Policies				
Other Liabilities				
TOTAL LIABILITIES:				
				
TOTAL ASSETS MINUS TOTAL LIABILITIES:				

XIV. PERSONAL STATEMENT REGARDING DIVISION OF PROPERTY: Indiana law presumes that the marital property be split in a 50/50 basis. However, the Judge may order a division which may differ from an exact 50/50 division of your property. Please provide a brief statement as to your reasons, if there be any, why the Court should divide, or divide anything, differently than on the 50/50 basis.

XV. MANDATORY EXHIBITS: The following exhibits must be attached to your Financial Declaration Form:

1. The last three years of Individual State and Federal Income Tax Returns together with all W-2 forms, 1099 forms, and K-1 forms.
2. The immediate preceding six (6) paycheck stubs showing year-to-date earnings.
3. Documents showing the amount of income received from any other source in the past three (3) years including irregular income in an amount greater than \$500.00 per year plus any expenses relating thereto.
4. Child support worksheet, if applicable.
5. Arrearage calculation, if applicable under part V of this Financial Declaration Form.
6. With regard to all real estate listed under part VI - A and B:
 - a. the title insurance policy, if available,
 - b. the deed,
 - c. an amortization schedule from the lending institution, if available,
 - d. documents showing the mortgage balance as of the date of the filing of the Petition for Dissolution of Marriage.
7. As to all bank accounts identified in part VII of this Financial Declaration Form:
 - a. copy of the bank statement closest to the date of the filing of the Petition for Dissolution of Marriage,
 - b. copies of the bank statements for the five (5) months immediately preceding the filing of the Petition for Dissolution of Marriage.
8. As to all Non-Retirement Securities identified in part VIII of this Financial Declaration Form:

- a. copy of the statement closest to the date of the filing of the Petition for Dissolution of Marriage,
 - b. copies of the statements for the five (5) months immediately preceding the filing of the Petition for Dissolution of Marriage.
9. As to all Life Insurance Policies identified in part IX of this Financial Declaration Form, attach statements as of cash value as of the date of filing of the Petition for Dissolution of Marriage.
 10. As to all Retirement Accounts identified in part X of this Financial Declaration Form, attach statements showing the value of the accounts as of the filing of the Petition for Dissolution of Marriage and for the preceding five (5) months, if such statements are available, except for pension accounts and other defined benefit plans, in which event, attach a statement from the employer describing the benefits.
 11. As to all marital bills, debts and obligations identified in part XII of this Financial Declaration Form, attach a statement showing the amount of each bill, debt and obligation as of the date of the filing of the divorce and for the immediately preceding five (5) months.

XV. VERIFICATION:

I declare, under the penalty of perjury, that the foregoing, including statements of my income, expenses, assets and liabilities, are true and correct to the best of my knowledge and that I have made a complete and absolute disclosure of all sources of income, all assets and all liabilities. If it is proven to the Court that I have intentionally failed to disclose all of my income, any asset or liability, I may lose the asset and may be required to pay the liability.

Further, this Financial Declaration Form is considered as a Request for Admissions to the recipient under Trial Rule 35 and should the recipient fail to fully prepare and exchange this statement; then, the Court may prohibit the party who did not properly complete the Financial Declaration Form from introducing any evidence at any hearing to contradict the evidence of the other party on the issues of income, expenses, assets and liabilities.

Date: _____

Signature: _____

Printed Name: _____

XVI. ATTORNEY'S CERTIFICATION:

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certificate consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

Date: _____

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Attorney for _____